

*CABINET POLICY: Insurance does not go into effect until the  
Kentucky Volunteer Insurance Program has received premium.*

## WORK RELEASE INSURANCE PROGRAM

**2006-2007**

Please furnish **ALL** information as requested below. Please **TYPE** or **PRINT**.

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
Last First M.I. Include area code

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
dd/mm/yyyy

ADDRESS: \_\_\_\_\_  
Street City Zip

DESCRIPTION OF VOLUNTEER ACTIVITY: \_\_\_\_\_

VERIFICATION FROM SUPERVISOR: \_\_\_\_\_  
Signature of Supervisor

BENEFICIARY OF THE INSURED: \_\_\_\_\_  
Title Phone #

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

	<i>Rate</i>
Accident:	\$ 54.00
Handling fee to cover the cost of processing: (postage, copying, membership fee, etc.)	\$ <u>6.00</u>
TOTAL AMOUNT ENCLOSED:	\$ <u>60.00</u>

Coverage will expire on June 30, 2007 regardless of the effective date. Fees will not be pro-rated for those applying during the year. **PLEASE DO NOT SEND CASH.** Make your check or money order payable to "Volunteer Insurance" and mail application to:

Kentucky Volunteer Insurance Program  
275 East Main Street, 3W-F  
Frankfort, KY 40621

Please allow approximately two weeks for your application to be processed and a receipt mailed verifying your coverage.

Contact the KCCVS at 800-239-7404 regarding coverage information.

E-mail address: [kccvs@ky.gov](mailto:kccvs@ky.gov)

**FOR OFFICE USE ONLY:**

Receipt Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

**Please feel free to copy this form and share it with volunteers who may not have received it.**

